

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		06/09/00
O.I.P.E. CLASSIFIER	ASD		6/15/00
FORMALITY REVIEW	NS	65373	8/4/00
RESPONSE FORMALITY REVIEW			

09/587092

INDEX OF CLAIMS

9/13/00

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
..... (Through numeral)	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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